ESSENTIAL HEALTH BENEFIT BENCHMARK PLAN OPTIONS COMMONWEALTH OF MASSACHUSETTS

	largest s	OPTION 1 t plans in th mall group Massachuse TAHMO Value Plan	products	OPTION 2 Largest HMO in Massachusetts HMO Blue \$2000 Deductible		OPTION 3 argest state plans n Massachus Tufts Naviga- tor	employee		OPTION 4 ree largest fo loyee health BCBS Basic Option	ederal
I. Hospitalization										
Bariatric surgery	х	Х	At center of excellence	х	X	X	At center of excellence	х	х	х
Bone marrow transplants for breast cancer	х	х	х	х	х	х	х	at cancer research facility	at cancer research facility	Х
Christian Science facility	no	no	no	no	no	no	no	U	U	30 days pmpcy
Inpatient hospice	X	х	x	X	Х	х	х	7 days per admit	7 days per admit	\$15000 limit, combined with outpatient hospice
Inpatient services in a	Х	х	X	х	Х	х	х	Х	Х	Х

Division of Insurance Rev March 9, 2012 Page 1 pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

	largest s	OPTION 1 t plans in th small group Massachuse	products	OPTION 2 Largest HMO in Massachusetts		OPTION largest state plans n Massachu	employee	OPTION 4 Three largest federal employee health plans			
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
general hospital					11,1			7			
Inpatient services in a skilled nursing facility	100 days pmpcy	100 days pmpcy	100 days pmpcy	100 days pmpcy	45 days pmpcy	45 days pmpcy	45 days pmpcy	Only if member has Med Part A	no	\$700 per day for 14 days only	
Inpatient services in a rehab. hospital	60 days pmpcy	100 days pmpcy	60 days pmpcy	60 days pmpcy	45 days pmpcy	45 days pmpcy	X	no	no		
Inpatient physician and surgical services	X	х	x	X	x	X	х	Х	Х	х	
Transplants	x	x	X	X	X	х	х	х	х	X [\$1000 transporta- tion for transplant]	

					42121212L VIII						
		OPTION 1		OPTION 2		OPTION 3	3		OPTION 4	ļ	
	Larges	t plans in th	e three	Largest HMO	Three I	argest state	employee	Thr	ee largest f	ederal	
	largest s	mall group	products	in		plans		emp	loyee healt	n plans	
	in	Massachuse	etts	Massachusetts	i	n Massachus	setts				
	НМО	TAHMO	HPHC	HMO Blue	Unicare	Tufts	Harvard	BCBS	BCBS	GEHA	
	Blue	Value	Best	\$2000	Basic	Navigato	Pilgrim	Standard			
		Plan	Buy	Deductible		r	Independenc	Option			
			НМО				e Plan				
II. Emergency Roo	m Serv	rices									
Emergency room services	Х	х	Х	x	x	х	x	х	Х	х	
Emergency	Х	х	Х	x	x	х	х	x x x		х	
transportation/ambulance											
(ground or air)											
	A										

	largest s	OPTION 1 t plans in the small group Massachuse TAHMO Value Plan	products	OPTION 2 Largest HMO in Massachusetts HMO Blue \$2000 Deductible		OPTION largest state plans n Massachu Tufts Naviga- tor	e employee	BCBS Standard		
			нмо				dence Plan	·	•	•
III. Ambulatory Se	rvices									
Acupuncture	no	no	no	no	no	no	no	24 visits pmpcy	With MD only	20 procedures pmpcy
Allergy testing	х	x	x	x	X	x	х	х	х	\$500 pmpcy
Allergy injections	х	x	x	х	x	Х	х	Х	Х	х
Chiropractor – lab and X- ray outpatient	х	x	Initial x-ray only	X	X	no	Initial x-ray only	1 x-ray pmpcy	1 x-ray pmpcy	\$25 pmpcy for x-rays
Chiropractor – medical care services including spinal manipulation	visits pmpcy (only age 16 & over)	12 visits pmpcy (only age 13 & over)	visits pmpcy	12 visits pmpcy (only age 16 & over)	20 visits pmpcy	20 visits pmpcy	20 visits pmpcy	1 visit pmpcy	1 visit pmpcy	12 visits pmpcy
Christian Science practitioners	no	no	no	no	no	no	no	U	U	50 visits pmpcy

pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	i	OPTION : argest state plans n Massachu	employee	OPTION 4 Three largest federal employee health plans			
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
Clinical trials to treat cancer	х	х	X	Х	x	х	х	х	x	х	
Dental services, preventive and restorative	no	no	Child- ren to age 12	no	no	no	no	Schedule	Schedule	Schedule	
Enteral formulas	Х	х	Х	х	х	Х	х	Х	х		
Home health care services	х	Х	Х	х	x	x	х	25 visit s pmpcy	25 visits pmpcy	50 visit pmpcy	
Home visit – physician or other professional	x	x	x	Х	x	x	х	Х	Х		
Hospice for terminally ill	х	х	х	х	x [bereave ment counseling \$1500 per family]	х	х	7 days per episode	7 days per episode	\$15000 limit, combined with inpatient hospice	
Hypodermic syringes or needles	Х	Х	X	Х	Thru PBM	U	х	X	X	х	
Low protein foods	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	\$5000 pmpcy	Thru PBM	\$5000 pmpcy	\$5000 pmpcy	U	U	U	
Non-emergency transportation/ambulance	х	x	X	х	no	х	х	х	х	U	

pmpcy = per member per calendar year

x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

	largest s	OPTION 1 t plans in th mall group Massachuse	products	OPTION 2 Largest HMO in Massachusetts		OPTION : largest state plans n Massachu	employee	OPTION 4 Three largest federal employee health plans			
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
(ground or air) Other practitioner office visit (nurse practitioner, nurse midwife)	х	х	Х	x	X	х	x	х	х	X	
Outpatient dialysis and home dialysis	х	х	х	х	x	x	x	х	х	х	
Outpatient surgery physician/surgical services	х	Х	x	x	X	x	х	Х	Х	х	
Oxygen	Х	Х	x	X	x	x	х	х	Х	х	
Primary care visit to treat an injury or illness	x	x	x	х	X	х	х	Х	Х	х	
Private duty nursing	no	no	no	no	\$4000 pmpcy home only	\$8000 pmpcy	Acute IP –yes Home health - no	no	no	U	
Radiation and chemotherapy	х	X	x	x	х	х	х	Х	х	х	
Removal of impacted teeth	х	X	х	Х	When medically necessary in OP setting	х	х	х	х	х	
Removal of 7 or more permanent teeth	no	X	no	no	When medically	х	Х	U	U	U	

pmpcy = per member per calendar year

x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

	largest s	OPTION 1 t plans in the small group Massachuse TAHMO	products	OPTION 2 Largest HMO in Massachusetts HMO Blue	OPTION 3 Three largest state employee plans in Massachusetts Unicare Tufts Harvard			OPTION 4 Three largest federal employee health plans BCBS BCBS GEHA			
	Blue	Value Plan	Best Buy HMO	\$2000 Deductible	Basic	Naviga- tor	Pilgrim Indepen- dence Plan	Standard Option	Basic Option	Standard Option	
					necessary in OP setting						
Respiratory therapy	Х	Х	х	x	X	x	x	U	U	х	
Routine eye care, adult	1 exam pm/24 months	1 exam pm/24 months	Annual exam	1 exam pm/24 months	Per member 1x every 24 months	Per member 1x every 24 months	Per member 1x every 24 months	no	no	no	
Routine foot care	Routin e with vascula r condi- tion	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with diabetes dx	no	Routine with vascular condition	Routine with vascular condition	Routine with vascular condition	
Second opinion	x	X	x	x	х	х	x	For surgery	For surgery	For surgery	
Services to treat accidental injury to sound natural teeth	х	x	X	X	х	Х	х	Х	Х	Х	
Specialist visit	Х	x	X	х	х	х	Х	Х	х	Х	
Special medical formulas	X	х	х	х	Thru PBM	x	х	Medical fo children w			

pmpcy = per member per calendar year

x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

largest s	OPTION 1 t plans in th mall group Massachuse	products	OPTION 2 Largest HMO in Massachusetts		OPTION 3 argest state plans n Massachus	employee		OPTION 4 ee largest fo loyee healt	ederal
HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
						conditions			



	largest s	OPTION 1 t plans in th mall group Massachuse TAHMO Value Plan	products	OPTION 2 Largest HMO in Massachusetts HMO Blue \$2000 Deductible		OPTION : argest state plans n Massachu Tufts Naviga- tor	employee		OPTION 4 ree largest folloyee healt BCBS Basic Option	ederal
TV Materials and N	l avvila a m	un Caus								
IV. Maternity and N Abortion	x	x Care	x	x	X	х	×	no	no	No, except if mother's life in danger
Certified nurse midwife	х	X	X, No home birth	х	Hospital or home	X	X, No home birth	Х	Х	х
Delivery and all inpatient services for maternity care	x	х	x	Х	Х	x	Х	X	X	X
Hearing screening for newborns	х	х	х	х	х	х	х	Х	х	
Infertility - assisted reproductive technology (ART)	Х	X	х	х	5 attempts	5 attempts	5 attempts	no	no	no
Infertility services other than ART	X	X	x	X	х	X	x	X	X	\$3000 pmpcy
Prenatal and postpartum care	X	x	X	X	X	x	х	X	x	X

pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

largest s	OPTION 1 t plans in th mall group Massachuse	products	OPTION 2 Largest HMO in Massachusetts		OPTION 3 argest state plans n Massachus	employee		OPTION 4 ee largest fo loyee healt	ederal
HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
							7		



	largest s	OPTION 1 t plans in th mall group Massachuse	products	OPTION 2 Largest HMO in Massachusetts				OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
V. Behavioral Heal	th									
Behavioral health inpatient services in general hospital, mental health facility or substance abuse facility	Limits for non- biol based	Limits for non- biol based	Limits for non- biol based	Limits for non-biol based	UBH	X	X	X	X	X
Behavioral health intermediate care services	х	x	х	х	UBH	×	х	U	U	U
Behavioral health outpatient services*	Limits for non- biol based	Limits for non- biol based	Limits for non- biol based	Limits for non-biol based	UBH	х	х	х	х	х
Neuropsych testing	Х	x	х	X	х	Х	Х	U	U	Х
l										

	largest s	OPTION 1 t plans in th mall group Massachuse TAHMO Value Plan	products	OPTION 2 Largest HMO in Massachusetts HMO Blue \$2000 Deductible		OPTION 3 argest state plans n Massachus Tufts Naviga- tor	employee		OPTION 4 ree largest for bloyee health BCBS Basic Option	ederal
\/T										
VI. Prescriptions Dr	x	X	X, as long as group has elected Rx coverag e	X	X	X	x	х	х	X
Preferred brand drugs	x	X	X, as long as group has elected Rx coverag e	X	x	х	х	х	х	х
Non-preferred brand drugs	х	х	x, as	x	Х	х	Х	х	х	Х

pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

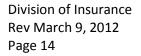
				OPTION 2 Largest HMO in Massachusetts	iı	OPTION 3 argest state plans n Massachus	ee largest fo loyee healt	OPTION 4 e largest federal oyee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Independenc e Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
	х	х	long as group has elected Rx coverag e x, as	X	x	X	x	x	х	х
Specialty drugs			long as group has elected Rx coverag e							
Contraceptive drugs and devices	х	X	x, currentl y as long as group has elected	х	х	х	х	х	x	X

pmpcy = per member per calendar year x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts		OPTION 3 argest state plans n Massachus	employee		OPTION 4 ree largest folloyee healt	ederal
	HMO TAHMO HPHC Blue Value Best Plan Buy HMO		HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Independenc e Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
			Rx coverag e							
Diabetes-related supplies	х	x	х	х	х	x	х	x	x	х
Hormone replacement therapy	х	х	х	Х	x	Х	х	U	U	U



	OPTION 1 Largest plans in the three largest small group products in Massachusetts HMO TAHMO HPHC Blue Value Best			OPTION 2 Largest HMO in Massachusetts HMO Blue \$2000		OPTION S largest state plans n Massachus Tufts Naviga-	employee		ederal h plans GEHA Standard			
		Plan	Buy HMO	Deductible		tor	Indepen- dence Plan	Option	Option	Option		
VII. Rehabilitative a	VII. Rehabilitative and Habilitative Services and Devices											
Cardiac rehabilitation Services	Х	х	х	х	Х	X	х	X	x	X		
Cognitive rehabilitation therapy	no	no	X, coverag e indicati ons limited	no	no	no	Covered under medical, not under mental health	75 visits	50 visits	U		
Coronary Artery Disease Program	Disease mgmt pro- gram	X (program covered through integrate health manage ment vendor)	no	Disease mgmt program	х	х	х	U	U	U		
Diabetic shoes	Х	х	х	х	Х	Х	х			Charges in		

pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts		OPTION S largest state plans n Massachu	employee	OPTION 4 Three largest federal employee health plans			
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
										excess of \$150	
Durable medical equipment	х	х	х	x	x	x	х	х	х	х	
Early intervention	X	x	X	х	\$5200 pmpcy up to \$15600 lifetime	\$5200 pmpcy up to \$15600 lifetime	\$5200 pmpcy up to \$15600 lifetime	U	U	U	
Eyeglasses for specific conditions	1 pair after eye surg (in place of implant ed intraoc ular lenses)	Eyeglass lenses to replace to natural lens of the eye or following cataract surgery)	X	1 pair after eye surg (in place of implanted intraocular lenses)	X	First pair of lenses after cataract surgery	х	I pair per condition	1 pair per condition	First pair of contact lenses after surgery	
Foot orthotics	no	no	x, coverag	no	х	no	Diabetic disease only	х	х	no	

pmpcy = per member per calendar year

x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts	i	OPTION 3 argest state plans n Massachu	employee setts	emp	OPTION 4 ee largest folloyee healt	st federal ealth plans	
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
			e indicati ons limited								
Hearing aids	no	no	no	no	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	Max of \$1700 every 2 cy	\$1250 limit	\$1250 limit	\$250 limit	
Personal emergency response system	no	no	no	no	\$50 install/\$40 pmpm rental fee	\$50 install/ \$40 pmpm rental fee	no	U	U	U	
Prosthetic devices	х	х	х	х	Х	Х	х	Х	Х	х	
Rehabilitation and habilitation services for autism, including ABA	Х	х	Х	Х	X	x	Х	no	no		
Short-term physical therapy	60 visits pmpcy comb with	30 visits pmpcy	60 days pm per condi- tion	60 visits pmpcy comb with OT	х	30 visits pmpcy	90 consecutive days per illness/injury	75 visit pmpcy, PT, OT, ST com- bined	50 visit pmpcy, PT, OT, ST com- bined	60 visits pmpcy, PT, OT combined	

pmpcy = per member per calendar year

x = covered

no = not covered

<u>U = not shown in SOB/EOC as covered or excluded</u>

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts		OPTION 3 argest state plans n Massachus	employee	OPTION 4 Three largest federal employee health plans		
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
Short-term occupational therapy	OT 60 visits pmpcy comb with PT	30 visits pmpcy	60 days pm per condi- tion	60 visits pmpcy comb with PT	х	30 visits pmpcy	90 consecutive days per illness/injury			
Short term speech therapy	Х	х	X	X	\$2000 pmpcy	X	х	U	U	30 visits pmpcy
Speech generating or communication device	x	no	×	Х	no	no	х	\$1250 pmpcy	\$1250 pmpcy	no
Wigs	\$500 pmpcy	\$350 pmpcy	\$350 pmpcy	\$500 pmpcy	\$350 pmpcy	\$350 pmpcy	\$350 pmpcy	\$350 per lifetime	\$350 per lifetime	no

	OPTION 1 Largest plans in the three largest small group products in Massachusetts HMO TAHMO HPHC			OPTION 2 Largest HMO in Massachusetts HMO Blue		OPTION 3 argest state plans n Massachus Tufts	employee	emp	Option Option Option X X X		
	HMO Blue	Value Plan	Best Buy HMO	\$2000 Deductible	Basic	Naviga- tor	Pilgrim Indepen- dence Plan	Standard Option	Basic	Standard Option	
VIII. Laboratory Serv	/ices										
Cytologic screening	Х	х	Х	Х	Х	Х	х	Х	х	х	
Diagnostic test (X-ray and laboratory tests)	х	х	х	X	X	X	х	Х	х	х	
Imaging (CT and PET Scans, MRIs)	x	х	x	X	x	X	х	Х	х	х	
Human leukocyte antigen testing	Х	х	х	х	x	Х	х	U	U	U	
Mammogram	Х	х	Х	Х	х	Х	х	Х	Х	х	

	largest	OPTION 1 t plans in th small group Massachuse	products	OPTION 2 Largest HMO in Massachusetts		OPTION : largest state plans in Massachu	employee	OPTION 4 Three largest federal employee health plans			
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option	
IX. Preventive and Wellness Services and Chronic Disease Management											
Diabetes education	x	x	×	×	x	x	x	х	х	\$250 pmpcy	
Family planning	х	х	х	x	x	x	х	х	х	X	
Fitness program	\$150 limit	\$150 annual rebate per sub/fami ly	no	\$150 limit	no	\$150 annual rebate per sub/famil	no	Specific programs	Specific programs	U	
Nutritional counseling	х	X	X	X	х	x	3 visits per cy for non- diabetes or non-eating disorder	х	х	\$250 pmpcy	
Preventive care/ screening/immunization	Х	х	х	х	Х	X	х	Х	Х	x	
Smoking cessation	Drugs	X	no	Drugs and	Thru PBM	Χ	no	Х	Х	2 attempts	

pmpcy = per member per calendar year

x = covered

no = not covered

U = not shown in SOB/EOC as covered or excluded

	OPTION 1 Largest plans in the three largest small group products in Massachusetts			OPTION 2 Largest HMO in Massachusetts		OPTION 3 argest state plans n Massachus	employee		OPTION 4 ree largest folloyee healt	ederal
	HMO Blue	TAHMO Value Plan	HPHC Best Buy HMO	HMO Blue \$2000 Deductible	Unicare Basic	Tufts Naviga- tor	Harvard Pilgrim Indepen- dence Plan	BCBS Standard Option	BCBS Basic Option	GEHA Standard Option
	and certain OTC (90-day cessati on aid supply pmpcy)	smoking cessation aids upon completi on of program, discount ed program		certain OTC (90-day cessation aid supply pmpcy)		smoking cessation aids upon completi on of program, discounte d program				pmpcy
Weight loss program	\$150 limit	Weight Watcher s discount	no	\$150 limit	morbidly obese only	Weight Watchers discount	no	U	U	no

AND VILLED ALIEST											
		OPTION 1		OPTION 2		OPTION 3	3		OPTION 4	l .	
	Larges	t plans in th	e three	Largest HMO	Three	argest state	employee	Three largest federal employee health plans			
	largest s	mall group	products	in		plans					
	in Massachusetts			Massachusetts	i	n Massachus	setts				
	НМО	TAHMO	HPHC	HMO Blue	Unicare	Tufts	Harvard	BCBS	BCBS	GEHA	
	Blue	Value	Best	\$2000	Basic	Naviga-	Pilgrim	Standard	Basic	Standard	
		Plan	Buy	Deductible		tor	Indepen-	Option	Option	Option	
			нмо				dence Plan				
								_			
X. Pediatric Service	es, Inc	luding (Oral and	d Vision Car	е						
	no	х	2 visits	no	no	no	no	х	Х	no	
Dontal for shildren			pmpcy,								
Dental for children			to age								
			12								
Eye glasses for children	no	no	no	no	no	no	no	no	no	no	
Lead poisoning screening	Х	х	Х	Х	х		х				
	1 exam	1 exam	Annual	1 exam	1 exam	1 exam	х	Х	х	1 exam	
Eye exam for children	pm/24	pm/24	exam	pm/24	pm/24	pm/24				pmpcy	
,	months	months		months	months	months					
	4				l	I .	1		l .	1	